			PUBLIC DISCLOSURE COP	•Y			
	Ω	00	Return of Organization Exempt Fr	rom Ir	ncome Tax		OMB No. 1545-0047
Forr	пIJ	90	ept private founda		2018		
		of the Treasury	Do not enter social security numbers on this form as	s it may be	e made public.		Open to Public
		enue Service	► Go to www.irs.gov/Form990 for instructions and t	-	-		Inspection
AF	or th	e 2018 calend			EP 30, 201	9	•
B	Check if	C Name o	f organization	-	D Employer iden		tion number
a	pplicab	le:					
	Addre	comm	UNITIES IN SCHOOLS				
	Name		usiness as		58-	-128	89174
-	_chang Initial			loom/suite	E Telephone num		
	_returr]Final	23/5		00	(7)		519-8999
	returr termi	n		00		, , ,	41,766,601.
	ated ∖\Amer	nded NTEV	own, state or province, country, and ZIP or foreign postal code ANDRIA, VA 22202		G Gross receipts \$		
	_returr] Appli		•		H(a) Is this a grou		
	tion pendi	F Name a	nd address of principal officer: REY SALDANA		for subordina		
			AS C ABOVE		H(b) Are all subordinat		
		empt status:		527			t. (see instructions)
			COMMUNITIESINSCHOOLS.ORG		H(c) Group exemp		
			X Corporation 🔄 Trust 🦳 Association 📃 Other 🕨	L Year of	of formation: 197	/ M S	State of legal domicile: GA
Pa	art I						
ø	1	Briefly describ	be the organization's mission or most significant activities: \underline{SEE}	CHEDU.	LE O		
Governance							
rna	2	Check this bo	$x ightarrow \begin{tabular}{ll} \hline \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	d of more	than 25% of its net	asset	S.
ove	3	Number of vo	ting members of the governing body (Part VI, line 1a)			3	24
Ğ	4	Number of inc	dependent voting members of the governing body (Part VI, line 1b) \dots			4	23
<u>ه</u>	5	Total number	of individuals employed in calendar year 2018 (Part V, line 2a)			5	79
/itie	6		of volunteers (estimate if necessary)			6	34
Activities &	7a		d business revenue from Part VIII, column (C), line 12			7a	0.
A			business taxable income from Form 990-T, line 38			7b	0.
					Prior Year		Current Year
	8	Contributions	and grants (Part VIII, line 1h)		62,995,715	; .	23,050,914.
Revenue	9		ce revenue (Part VIII, line 2g)		152,070		459,571.
svel		•	come (Part VIII, column (A), lines 3, 4, and 7d)		2,572,945		2,726,133.
Å			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		15,344		676,202.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		65,736,074		26,912,820.
	13		milar amounts paid (Part IX, column (A), lines 1-3)		1,991,631		1,662,228.
			to or for members (Part IX, column (A), line 4)).	0.
	45		r compensation, employee benefits (Part IX, column (A), lines 5-10)		8,145,038		9,070,932.
ses	160		undraising fees (Part IX, column (A), line 11e)).	0.
en	10a			<u> </u>			
Expenses			•		16,887,336		23,612,407.
_	1 ''		es (Part IX, column (A), lines 11a-11d, 11f-24e)		27,024,005		34,345,567.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		<u>27,024,003</u> 38,712,069		
	19	Revenue less	expenses. Subtract line 18 from line 12				-7,432,747.
Net Assets or					ginning of Current Ye		End of Year
sset	20	Total assets (I			92,149,113		83,589,939.
St A:	21		(Part X, line 26)		2,431,456		2,612,965.
			fund balances. Subtract line 21 from line 20		89,717,657	•	80,976,974.
	art II						
			I declare that I have examined this return, including accompanying schedules a			my kr	nowledge and belief, it is
true,	, corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of whic	h preparer	has any knowledge.		
Sig	n	, -	e of officer		Date		
Her	е		SALDANA, PRESIDENT				
		Tuno or i	arist same and title				

	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	J. CALVIN MARKS			self-employed P01226973				
Preparer	Firm's name 🕒 JOHNSON LAMBERT	LLP	Fir	m's EIN ► 52-1446779				
Use Only	y Firm's address 4242 SIX FORKS ROAD, SUITE 1500							
	RALEIGH, NC 2760	9	Ph	ione no.919-719-6400				
May the II	May the IRS discuss this return with the preparer shown above? (see instructions)							
-								

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

DocuSign Envelope ID: 9781C216-6C1B-4784-A5FB-3B8BFE628A8E

Form 84	53-EO	Exempt C		n Declaration an ectronic Filing	d Signatur	e for		OMB No. 1545-1879
		For calendar year 2018, or tax ye		•	d ending SEP	30	, ₂₀ 19	2018
Department of the	e Treasury			990-EZ, 990-PF, 11			,	2010
Internal Revenue Name of exe	^{Service} mpt organizatio		,		,		mplover	identification number
		COMMUNITIES	IN SCHO	OLS				1289174
Part I	Type of Re	eturn and Return Info	ormation (v	Vhole Dollars Only)				
line 1a, 2a, 3 whichever is than one line	a, 4a, or 5a bel applicable, blar	of return being filed with Fo low and the amount on tha nk (do not enter -0-). If you X b Total revenu	at line of the ref entered -0- on	urn being filed with th	nis form was b -0- on the app	lank, then plicable line	leave line e below.	1b, 2b, 3b, 4b, or 5b, Do not complete more
	0-EZ check he			Form 990-EZ, line 9)				
3a Form 11	20-POL check	here b Total t	t ax (Form 1120)-POL, line 22)			3b	
	0-PF check her			ent income (Form 99				
5a Form 88	68 check here	b Balance due	e (Form 8868, I	ine 3c)			5b	
Part II	Declaratio	n of Officer						
(dii tax Tre ins	rect debit) entry kes owed on thi easury Financia titutions involve	5. Treasury and its designa v to the financial institution s return, and the financial I Agent at 1-888-353-4537 ed in the processing of the s related to the payment.	account indica institution to de no later than 2	ated in the tax prepar ebit the entry to this a business days prior t	ation software account. To rev to the paymen	for payme voke a pay t (settleme	ent of the ment, I m ent) date. I	organization's federal lust contact the U.S. I also authorize the financial
exe	ecuted the elec	turn is being filed with a st tronic disclosure consent o entified in Part I above) to t	contained with	in this return allowing				
electronic ret further decla intermediate	turn and accom re that the amo service provide wledgement of	declare that I am an office panying schedules and sta unt in Part I above is the a er, transmitter, or electronic receipt or reason for reject igned by:	atements, and, mount shown c return origina	to the best of my kno on the copy of the org tor (ERO) to send the	owledge and b ganization's ele organization's	elief, they ectronic re return to	are true, o turn. I cou the IRS a	correct, and complete. I nsent to allow my nd to receive from the IRS
Sign Here		E				RESID	ENT	
	Signature of C	micer		Date	Tit	le		
Part III	Declaratio	n of Electronic Retu	rn Originat	or (ERO) and Pa	id Preparer	(see inst	tructions)	
knowledge. If return. The o filed with the for Business accompanyir	f I am only a co rganization offic IRS, and have Returns. If I am ng schedules ar	d the above organization's llector, I am not responsibl cer will have signed this for followed all other requirem a also the Paid Preparer, ur nd statements, and, to the normation of which I have	le for reviewing rm before I sub nents in Pub. 4 nder penalties best of my kno) the return and only o omit the return. I will g 163, Modernized e-Fil of perjury I declare th owledge and belief, th	declare that thi give the officer le (MeF) Inform at I have exam	is form acc a copy of nation for A nined the a	curately re all forms a Authorized bove orga	eflects the data on the and information to be d IRS <i>e-file</i> Providers anization's return and
				Date	Check if also paid	Check if self-	E	RO's SSN or PTIN
	nature	marlen		6/11/2020	preparer X	employe		P01226973
Only you	n's name (or rs if self-employed)		BERT LL				EIN 5	2-1446779
add add	address, and Z 242 SIX FORKS ROAD, SUITE 1500						Phone no 919	_ -719-6400
		· · · · · ·	ned the above i				ements, a	nd, to the best of my know-
	Print/Type pre		Preparer's sign		Date		k if self-	PTIN
Paid						emp	loyed 🗌	
Preparer Use Only	· · · ·					Firn	n's EIN 🕨	
	Firm's address	5 •				Pho	ne no.	

Product: Exempt	Category:	IRS Center: Ogden
Name: Communities In Schools		e-Postmark: 6/11/2020 2:41 PM
FEIN: ***** 9174		Notification:

Fiscal Year Begin Date: 10/1/2018

Fiscal Year End Date: 9/30/2019

eSigned:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/ (Due)	Updated By	eSign Date
06/11/2020	18X:581289174:V1	Upload Started			Marks,Calvin	
06/11/2020	18X:581289174:V1	Released for Transmission - Validation in Progress			Marks,Calvin	
06/11/2020	18X:581289174:V1	Ready to transmit - Validation Complete				
06/11/2020	18X:581289174:V1	Transmitted to FD	56370820201630346e05			
06/11/2020	18X:581289174:V1	Accepted by FD on 6/11/2020				

Part III Statement of Program Service Accomplishments [X] The Refly describe the organizations mession. [X] IN Birly describe the organizations mession. [X] 2 Did the organizations mession. [X] 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 880 627 [Vest [X] No 1 Tree's describe time one variables on Schedule O. [Vest [X] No 1 Tree's describe time one variables on Schedule O. [Vest [X] No 1 Tree's describe time one variables on Schedule O. [Vest [X] No 1 Tree's describe time one variables on Schedule O. [Vest [X] No 2 Did the organization coase consumptionments for each of its three largest program services, as measured by expanse. Section 5016(8) and 3016(8) organizations are enginitered to report the anount of grants and alcostation to other, the total expenses, and dreament directored to the organization to program services compliantion to any the NTH CIS STATE OFFICES AND LOCAL AFFILIATES TO SUILD CAPACITY WITHIN THE CIS NETWORK AS WELL AS EVALUATING AND DISSEMINATING EVIDENCE BASED PROGRAM PRACTICES. 2 Costs (fearward 1, 2, 407, 657. reading proof the SOLUCID DISTRICTS INCLUDING AND DISTRIMATING CIS AS A SOLUTION TO THIS PROBLEM. 2 (fearward 1, 1, 471, 2405. schalag proof the SOLUCID DISTRICTS INCLUD	Form	990 (2018) COMMUNITIES IN SCHOOLS	58-1289174	Page 2
 Berly decorbe the opparation's mission. SURROUDD STUDENTS WITH A COMMUNITY OF SUPPORT AND EMPOWER THEM TO STAY IN SCHOOL AND ACHIEVE IN LIFE. Did the organization undertake any significant program services during the year which were not listed on the prior form 800 or 800£27 Did the organization case conclusion, or make significant changes in how it conducts, any program services of Schedule 0. Did the organization case conclusion, or make significant changes in how it conducts, any program service, as measured by expenses. Sector 501(c)8) and 501(c)8/ organizations are required to report the amount of grants and allocations to others, the total expenses. Sector 501(c)8) and 501(c)8/ organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if not conducting, or make significant and significations to others, the total expenses, and revenue, if not for additionary marker reports. STUDENT SUPPORTS - WORKING WITH CIS STATE OFFICES AND LOCAL AFFILTATES TO BUILD CAPACITY WITHIN THE CIS NETWORK AS WELL AS EVALUATING AND DISSEMINATING EVIDENCE BASED PROGRAM PRACTICES. STUDENT SUPPORTS - WORKING CIS AS A SOLUTION TO THIS PROBLEM. PUBLIC AMARENESS & COMMUNICATION - BUILDING ANARENESS OF AMERICA'S DROPOUT PROBLEM AND POSITIONING CIS AS A SOLUTION TO THIS PROBLEM. STETERNALS SERVICES - PROVIDE SERVICES TO SCHOOL DISTRICTS INCLUDING LICENSING CIS MODEL, PROFESSIONAL DEVELOPMENT AND TURN-AROUND SCHOOL SERVICES. PROVIDE ORGANIZATIONAL DEVELOPMENT CONSULTING SERVICES TO NEW AFFILIATES. 40 Other program services (Doscribe in Schedule O.) Newwas 1, 4,711,146. Number grant of 1 (New and 1) (New and 1) (New AFFILIATES. 41 Other program services (Doscribe in Schedule O.) New and 1, 4,711, 145. Number grant of 1 (New and 1) (NEW and	Pa	t III Statement of Program Service Accomplishments		
SURROUND STUDENTS WITH A COMMUNITY OF SUPPORT AND EMPOWER THEM TO STAY IN SCHOOL AND ACHIEVE IN LIFE. 2 Did the organization undertake any significant program services during the year which were not listed on the prof form 500 of 504:27		Check if Schedule O contains a response or note to any line in this Part III		Χ
2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990 E27	1	Briefly describe the organization's mission:		AY
pror Form 990 or 990-627 □Yes [X] No If Yes, "describe the sevences on Schedule 0. □Yes [X] No 3D Old the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and treatment, find, for each organizations is program service expended. 4a (Cost:		IN SCHOOL AND ACHIEVE IN LIFE.		
pror Form 990 or 990-627 □Yes [X] No If Yes, "describe the sevences on Schedule 0. □Yes [X] No 3D Old the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and treatment, find, for each organizations is program service expended. 4a (Cost:				
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<pre>If "Yes," describe these new services on Schedule 0. Dot the organization case conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Secton 501(g(S) and 501(g(A) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses, and reverue, if any, for each program service reported. (a (cose)(tepenses _ 21, 932, 565. metuden grants of) (feemes) (revense) (revense</pre>	2		Yes	XNo
If "Yes," describe these changes on Schedule 0. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4 (come) (Converse 21, 932, 565. Including grants of 1, 662, 228.) (Permits) 5 TO BUILD CAPACITY WITHIN THE CIS STATE OPFICES AND LOCAL AFFILIATES TO BUILD CAPACITY WITHIN THE CIS INETWORK AS WELL AS EVALUATING AND DISSEMINATING EVIDENCE BASED PROGRAM PRACTICES. 6 (convert) (Converses 3, 409, 504. Including grants of 3 (and a parts of 3 (If "Yes," describe these new services on Schedule O.		
<pre>Section 501(c)(3 and 501(c)(4 organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4 (code:</pre>	3		Yes	XNo
<pre>trevenue, law, for each program service reported 4a (cote:</pre>	4	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by expenses.	
<pre>49 (cot:</pre>		Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expenses, ar	nd
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4c (Code:) (Expenses \$2, 407, 657. including grants of \$) (Revenue \$459, 571.) EXTERNAL SERVICES - PROVIDE SERVICES TO SCHOOL DISTRICTS INCLUDING LICENSING CIS MODEL, PROFESSIONAL DEVELOPMENT AND TURN-AROUND SCHOOL SERVICES. PROVIDE ORGANIZATIONAL DEVELOPMENT CONSULTING SERVICES TO NEW AFFILIATES.		PUBLIC AWARENESS & COMMUNICATION- BUILDING AWARENESS OF A	MERICA'S	
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SERVICES. PROVIDE ORGANIZATIONAL DEVELOPMENT CONSULTING SERVICES TO NEW AFFILIATES.				
NEW AFFILIATES.		· · · · · · · · · · · · · · · · · · ·		
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4e Total program service expenses ► 29,220,872.	4d			
)	
	4e	Total program service expenses ► 29,220,872.	C	90 (2019)

Form	aan	(2018)
FUIII	330	120101

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		37	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	Part VI	11a		
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	4.4%	х	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u>л</u>	<u> </u>
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u>-</u> -
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>x</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>x</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
40	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17		X X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
00-	complete Schedule G, Part III	19 20a		X X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
21	domestic government on Part IX, column (A), line 1? <i>If "Yes." complete Schedule I. Parts I and II</i>	21	Х	
				L

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 99			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

1c X

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Par				
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 79			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
~	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
С		7-		х
4	to file Form 8282?	7c		<u></u>
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X

Form 990	(2018)
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Form	990	(2018)

COMMUNITIES IN SCHOOLS

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

						X
Sec	tion A. Governing Body and Management					
				. —	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	24	1		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	23	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision			
	of officers, directors, or trustees, or key employees to a management company or other person? \dots			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form S	990 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	opoint o	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befor	e filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to conf	licts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," d	escribe			
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva	al by inc	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment w	ith a			17
	taxable entity during the year?			<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	-	-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
6	exempt status with respect to such arrangements?	<u></u>		16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright SEE SCHEDULE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	nd 990-	I (Section 501(c)(3)	s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain		,			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	nflict of	interest policy, and	a tinano	cial	
00	statements available to the public during the tax year.		• • • • •			
20	State the name, address, and telephone number of the person who possesses the organization's boo MANOMA STRISTIA - (800) $247-4543$	oks and	a records			
	MANOMA SIRISENA - (800) 247-4543 2345 CRYSTAL DRIVE, NO. 700, ARLINGTON, VA 22202					

Form 990 (2018)	COMMUNITIES IN SCHOOLS	58-1289174	Page 7						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Employees, and Independent Contractors									
Check if	Schedule O contains a response or note to any line in this Part VII								
Section A. Officers	s, Directors, Trustees, Key Employees, and Highest Compensated Emp	loyees							

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (Ď), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	l	mea		C)	ip or		(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one						Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar		recic	or/trus	lee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or i	stee			nsated		(W-2/1099-MISC)		organization
	organizations	trust	nal tru		oyee	ompe				and related
	below	vidua	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Offi	Key	Hig	For			
(1) ELAINE WYNN	5.00									
CHAIRMAN		х		X				0.	0.	0.
(2) WILLIAM E. MILLIKEN	5.00							100.000		
VICE CHAIRMAN & FOUNDER		Х		X				108,000.	0.	0.
(3) CHRISTOPHER F. ALLWIN	5.00									
DIRECTOR		х						0.	0.	0.
(4) ROBERT H. B. BALDWIN, JR.	5.00									
DIRECTOR		х						0.	0.	0.
(5) JAMES COX CHAMBERS	5.00									
DIRECTOR		х						0.	0.	0.
(6) JERRY CROAN	5.00									
DIRECTOR		х						0.	0.	0.
(7) KIMBERLY DAVIS	5.00									
DIRECTOR		х						0.	0.	0.
(8) JOSEPH DIDOMIZIO	5.00									
DIRECTOR	_ _ _ _ _ _ _ _ _ _	Х	<u> </u>					0.	0.	0.
(9) DAN DOMENECH	5.00	.,							0	
DIRECTOR		Х						0.	0.	0.
(10) ARNE DUNCAN	5.00	.,							•	
DIRECTOR		Х						0.	0.	0.
(11) PASCAL FERNANDEZ	5.00	.,							0	
DIRECTOR		Х						0.	0.	0.
(12) MICHAEL FRENCH	5.00								0	
DIRECTOR (13) ZAC GUEVARA	5.00	Х						0.	0.	0.
	5.00								0	
DIRECTOR (FROM 9/2019)	F 00	Х						0.	0.	0.
(14) JILLIAN MANUS	5.00							0.	0.	
DIRECTOR	E 00	Х						0.	0.	0.
(15) JOHN NIXON DIRECTOR	5.00	x						0.	0.	
(16) DARILYN OLIDGE	5.00	<u>^</u>	-		-	-		0.	0.	0.
(16) DARILYN OLIDGE DIRECTOR	5.00	x						0.	0.	
(17) SHAQUILLE O'NEAL	5.00	^	-		-	-		· · ·	0.	0.
DIRECTOR	5.00	x						0.	0.	0.
		Δ		L	L	1		U •	0.	00

Form 990 (2018) COMMUNITI	ES IN S	SCE	100)LS)				58-12	289:	174	Pa	age X
Part VII Section A. Officers, Directors, Trust	tees, Key Em	oloy	ees,	, and	d Hig	ghes	st C	compensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos			ane	Reportable	Reportable	,	Es	timate	ed
	hours per	(do not check more t box, unless person is officer and a director		is both	n an	compensation	compensatio	n	am	ount	of		
	week	-	cer ar	nd a d	irecto	or/trus	tee)	from	from related	k	ſ	other	
	(list any	ector						the	organization	I	com	pensa	tion
	hours for	or dir	e a			ted		organization	(W-2/1099-MIS	3C)	fre	om th	е
	related	stee	ruste			bense		(W-2/1099-MISC)			•	anizat	
	organizations below	al tru	onal 1		loye	le co						l relat	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizati	ons
	,	- L	ű	₽	, Ke	ĒĒ	요						
(18) CARMEN ORTIZ-MCGHEE	5.00	x						0					0
DIRECTOR (FROM 5/2019)	E 00	~				-		0.		0.			0.
(19) ISIAH PICKENS	5.00	77											0
DIRECTOR	F 00	Х				-		0.		0.			0.
(20) JUAN SEPULVEDA	5.00												0
DIRECTOR (FROM 9/2019)	_ _ 00	Х						0.		0.			0.
(21) LEONARD STERN	5.00												0
DIRECTOR	_ 00	Х				-		0.		0.			0.
(22) DONNA WEISS	5.00												•
DIRECTOR		х						0.		0.			0.
(23) SHERRIE ROLLINS WESTIN	5.00												•
DIRECTOR		х						0.		0.			0.
(24) REY SALDANA	5.00												_
DIRECTOR		Х						0.		0.			0.
(25) DALE A. ERQUIAGA	40.00												
PRESIDENT				Х				368,499.		0.	44	1,74	46.
(26) KELLY MASLEY	40.00												
SECRETARY				Х				101,080.		0.),3'	
1b Sub-total								577,579.		0.		5,1	
c Total from continuation sheets to Part VI	, Section A							1,635,384.		0.		1,1	
d Total (add lines 1b and 1c)								2,212,963.		0.	<u> </u>	5 , 2	18.
2 Total number of individuals (including but ne	ot limited to th	ose	liste	ed ab	ove) wh	o re	eceived more than \$100,	000 of reportable	Э			
compensation from the organization													18
												Yes	No
3 Did the organization list any former officer,	director, or tru	ustee	e, ke	ey en	nplo	yee,	or	highest compensated er	nployee on				
line 1a? If "Yes," complete Schedule J for si	uch individual										3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	Jt	for such individual			4	Х	
5 Did any person listed on line 1a receive or a	ccrue comper	nsati	on fi	rom	any	unre	elate	ed organization or individ	dual for services				
rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	uch i	oers	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest cor	mpensated inc	lepe	nde	nt co	ontra	acto	rs tł	hat received more than \$	100,000 of comp	pensat	ion fro	m	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	rith c	or wi	thir	the organization's tax y	ear.				
(A)								(B)			(C	;)	
Name and business	address							Description of s	ervices	С	omper	nsatio	n
GMMB INC., 3050 K ST., NW	, SUITE	1	00	,									
WASHINGTON, DC 20007								MARKETING SE	RVICES	1	896	5,8	61.
THE CAUSEWAY AGENCY, 21 C	HARLES	ST	• ,	S	UI	ΤE							
201, WESTPORT, CT 06880								ADVERTISING	SERVICES		554	1,4	75.
CASEWORTHY, INC, 3995 S.	700 E.,	S	UI	ΤE									
420, SALT LAKE CITY, UT 8								CASE MANAGEM	ENT	I	339	9,7	58.
JESSICA STUART MEDIA													
2830 GEORGIA AVE., WASHIN	GTON, D	С	20	00	1			MEDIA MANAGE	MENT	L	266	5,2	12.
ALLEN COMMUNICATION LEARN						NC							

 55
 W. 900
 S., SALT LAKE CITY, UT 84101
 DIGITAL LEARNING

 2
 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization
 15

207,577.

~ ~ - .

Form 990 COMMUNIT									58-128	9174
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, a	nd H	lighe	est (Compensated Employe		
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	I		Reportable	Reportable	Estimated
	hours	(cl				app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				nplo		organization	(W-2/1099-MISC)	from the
	hours for	r dire				ted el		(W-2/1099-MISC)		organization
	related	stee o	ustee			en sa				and related
	organizations	ul trus	nal tr		loyee	dwo				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former			
	line)	Indi	Inst	Offi	Key	Hig	For			
(27) AVA YOUNGBLOOD	5.00			37				40.000	0	0
SECRETARY (TO 2/2018)	40.00			X	<u> </u>			40,000.	0.	0.
(28) STEVEN D. MCCULLOUGH	40.00							000 015	•	<i>c</i> 1 000
CHIEF OPERATING OFFICER	40.00			X				233,815.	0.	61,900.
(29) GARY M. CHAPMAN	40.00									
VP, BUSINESS DEVELOPMENT					Х			185,590.	0.	35,312.
(30) HEATHER J. CLAWSON	40.00									
CHIEF, PROGRAM & INNOVATION					Х			179,850.	0.	39,523.
(31) STACY TSAKERIS	40.00									
VP, TECHNOLOGY					Х			160,279.	Ο.	14,073.
(32) TIFFANY D. MILLER	40.00									
CHIEF OF STAFF					Х			151,219.	0.	20,999.
(33) KATHLEEN A. LALLY	40.00									
VP GROWTH & IMPACT (UNTIL 05/2019)						X		147,175.	0.	36,728.
(34) DAWN A. GODAIRE	40.00									
VP HR						X		144,469.	0.	36,553.
(35) TIMOTHY J. PLANT	40.00									
VP ADVANCEMENT (UNTIL 12/2019)						X		133,186.	0.	29,630.
(36) MICHAEL HUANG	40.00									
VP NATIONAL RESOURCE CENTER						X		131,229.	0.	16,873.
(37) STEPHEN T. MAJORS	40.00							100 550	•	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
VP COMMUNICATIONS						X		128,572.	0.	29,511.
	1									
Total to Part VII, Section A, line 1c								1,635,384.		321,102.

m 990 (art VII		<u>INITIES IN</u> Nue	SCHOOLS			58-128	9174 Pag
	Check if Schedule O cont	ains a response or	r note to any line	in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclui from tax und sections 512 - 514
0 1 a	Federated campaigns	1a					
h h	Membership dues						
	Fundraising events						
Ä	Related organizations						
u u			931,674.				
	Government grants (contribut	· · · · · · · · · · · · · · · · · · ·					
D	All other contributions, gifts, gran		22,119,240.				
5	similar amounts not included abo		500.000				
9	Noncash contributions included in lines		· · ·	22 050 014			
o h	Total. Add lines 1a-1f			23,050,914.			
		E	Business Code				
2 a			900099	282,801.	282,801.		_
b	REGISTRATION FEES		900099	176,770.	176,770.		
2 a b c d e f							_
d							
е							
f	All other program service reve	enue					
g	Total. Add lines 2a-2f		►	459,571.			
3	Investment income (including	dividends, interest	t, and				
	other similar amounts)		► L	1,752,973.			1,752,9
4	Income from investment of ta						
5	Royalties		►	549,236.			549,2
	2	(i) Real	(ii) Personal				
6 a	Gross rents						
	Less: rental expenses						
	Rental income or (loss)						
	Net rental income or (loss)						
	Gross amount from sales of	(i) Securities	(ii) Other				
/ a	assets other than inventory	15,762,760.					
h	•	10,702,7001					
D D	Less: cost or other basis	14,789,419.	181.				
	and sales expenses		-181.				
	Gain or (loss)			072 160			072.1
	Net gain or (loss)		····· •	973,160.			973,1
8 a	Gross income from fundraisin						
	including \$						
	contributions reported on line	-					
	Part IV, line 18						
	Less: direct expenses						
С	Net income or (loss) from fund	draising events	►				
9 a	Gross income from gaming a						
	Part IV, line 19	а_					
b	Less: direct expenses	ь					
С	Net income or (loss) from gam	ning activities <u>.</u>	►				
10 a	Gross sales of inventory, less	returns					
	and allowances	a	67,751.				
b	Less: cost of goods sold	b	64,181.				
	Net income or (loss) from sale		►	3,570.	3,570.		
	Miscellaneous Revenu		Business Code				
11 a							
b							
c							
d			900099	123,396.			123,3
	Total. Add lines 11a-11d	L		123,396.			,•

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete c	aluman(A)
Section 50 (C)(3) and 50 (C)(4) organizations must complete all columns. All other organizations must complete c	OIUITITI (A).

Do not include amounts reported on inne 60, 78, 89, 80, and 100 of hart Wi. Total expenses Program service suppressore Manual Control of the c		Check if Schedule O contains a response or note to any line in this Part IX										
1 Births and their assistance to domestic symmetrix. Sive Part IV, Ine 21 1,662,228. 1,662,228. 2 Grants and other assistance to domestic individuals. See Part IV, Ine 21 1,662,228. 1,662,228. 3 Grants and other assistance to domestic individuals. See Part IV, Ine 21 1,971,752. 1,207,814. 515,440. 248,498. 4 Benefits paid to or for members 5.621,949. 3,444,621. 1,470,172. 707,156. 6 Compensation of functed dates, to disqualified section 4988(V)(1) and persons discribed in 420,400,400,400,400,400,400,400,400,400,		not include amounts reported on lines 6b,	(A)	(B) Program service	Management and							
ardiamestic governments. See Part IV, line 12 1, 662, 228. 1, 662, 228. 2 Grants and Other assistance to Greego organization, foreign governments, and region individuals. See Part IV, lines 15 and 16. 1 4 Benefits path to for members. 1, 971, 752. 1, 207, 814. 515, 440. 5 Compensation of current officers, directors, trustess, and key employees 1, 971, 752. 1, 207, 814. 515, 440. 6 Compensation of current officers, directors, trustess, and key employees 1, 971, 752. 1, 207, 814. 515, 440. 7 Other salances and wages 5, 621, 949. 3, 444, 621. 1, 470, 172. 707, 156. 8 Pension plan acrubal and conthuburos (findle section 01(k) and 4030(k) employee conthuburos (findle section 01(k) and 4030(k) employee conthuburos (for a services (non-employees): 501, 058. 306, 400. 130, 654. 64, 004. 10 Horging and promotion 120, 729. 128, 861. 52, 753. 7, 373. 9 Other, ellin 12 gamouts coasts 054 of illin 25, column (A) amount, 181 in 19 expanses 054.01, 1867, 922. 13, 14. 76, 314. 76, 314. 9 Other, ellin 12 gamouts coasts 054 of illin 25, column (A) amount, 181 in 19 expanses 054.01, 1867, 922. 13, 260, 336. 139, 360, 336. 139, 360, 336. 11 Othore expenses 122, 842. 109, 470. 8, 14				expenses	general expenses	expenses						
individuals. See Part IV, line 22 interval 3 Grants and other assistance to foreign organization. Foreign governments, and foreign individuals. See Part IV, lines 15 and 16 interval 6 Compensation of current officers, directors, trustees, and key employee dengeline persons (accined wey employee benefits) interval 7 Other satiries and wages 1, 971, 752. 1, 207, 814. 515, 440. 248, 498. 8 Pensits price and wages 5, 621, 949. 3, 444, 621. 1, 470, 172. 707, 156. 9 Prosons described in section 4958(r)(3)(8) 5, 621, 949. 3, 444, 621. 1, 470, 172. 707, 156. 9 Prosons described in section 4958(r)(3)(8) 5, 621, 949. 3, 444, 621. 1, 470, 172. 707, 156. 9 Other officine comparation (nucleo section 401k) and 415(b) employee contributions (numpove benefits) 501, 058. 306, 400. 130, 654. 64, 0024. 10 Fees for services (non-employees): a Management Fees for services (non-employees): 30, 174, 931. 2, 253, 179. 811, 274. 100, 478. 11 formation technology 76, 3144. 76, 3144. 76, 3144. 76, 3144. 76, 3144. 76, 3144. 76, 3144. 76, 3144. 76, 3144.	1	-	1,662,228.	1,662,228.								
3 Grants and other assistance to foreign organizations. See Part V, lines 15 and 16 Compensation of current offices, directs, trustases, and key employees Compensation of current offices, directs, trustases, and key employees Compensation of current offices, directs, trustases, and key employees Compensation of included back, to disquilled prosons (as defined under section 4988(r)(3)(8) 1, 971,752. 1, 207,814. 515,440. 248,498. 7 Other saterise and vages section 401(ki and 400); employees contributions (bit and 400); employees 5, 621,949. 3,444,621. 1, 470,172. 707,156. 8 Pension plan acruits and contributions (include section 401(ki and 400); employees contributions (bit and 400); employees 5, 621,949. 3,444,621. 1, 470,172. 707,156. 9 Other employee contributions (bit and 400); employees 765,244. 468,072. 199,595. 97,777. 10 Fees for services (non-employees): 78,823. 33,067. 41,930. 3,826. 1 Legal 78,823. 33,067. 41,930. 3,826. 1 Investment management tees 765,314. 76,314. 76,314. 10 Coupany 1,061,481. 527,063. 52,413. 50,101. 12 Adverti	2	Grants and other assistance to domestic										
equilations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Image: Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees Image: Compensation of current officers, directors, trustees, and key employees 7 Other safeties and wages Image: Compensation of current officers, directors, trustees, and avages Image: Compensation, dimage: Compensation, directors, trustees, and avages </th <th></th> <th>individuals. See Part IV, line 22</th> <th></th> <th></th> <th></th> <th></th>		individuals. See Part IV, line 22										
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	26											
educational campaign and fundraising solicitation.												
Check here ▶ if following SOP 98-2 (ASC 958-720)		Check here Fill if following SOP 98-2 (ASC 958-720)				- 000						

COMMUNITIES	IN	SCHOOLS

T a		Dalance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
					-
	1	Cash - non-interest-bearing	306. 26,161,455.	1	<u> </u>
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	26,948,089. 222,876.	3	15,663,037.
	4	Accounts receivable, net	222,0/0.	4	177,877.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete		_	
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary		-	
Assets		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
SS	7	Notes and loans receivable, net		7	
4	8	Inventories for sale or use	EAC 070	8	C1E 260
	9	Prepaid expenses and deferred charges	546,879.	9	615,260.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D10a2,556,503.Less: accumulated depreciation10b1,436,313.	001 104		1 1 2 0 1 0 0
			801,124.	10c	1,120,190.
	11	Investments - publicly traded securities	33,220,297.	11	29,206,533.
	12	Investments - other securities. See Part IV, line 11	4,096,043.	12	4,740,015.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	152 044	14	102 200
	15	Other assets. See Part IV, line 11	152,044. 92,149,113.	15	103,389.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,235,155.	16	83,589,939. 1,476,806.
	17	Accounts payable and accrued expenses	1,235,155.	17	1,4/0,000.
	18	Grants payable		18	17,224.
	19	Deferred revenue		19	17,224.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
oilit		key employees, highest compensated employees, and disqualified persons.		00	
Lial	00	Complete Part II of Schedule L		22	
	23 24	Secured mortgages and notes payable to unrelated third parties		23 24	
	24 25	Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X of			
			1 196 301.	25	1 118 935.
	26	Schedule D Total liabilities. Add lines 17 through 25	1,196,301. 2,431,456.	26	<u>1,118,935.</u> 2,612,965.
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	2/102/1001	20	= / • = = / > • • • •
		complete lines 27 through 29, and lines 33 and 34.			
ce	27	Unrestricted net assets	8,890,413.	27	10,472,544.
llan	28	Temporarily restricted net assets	0.	28	0.
Fund Balances	29	Permanently restricted net assets	80,827,244.	29	70,504,430.
pund		Organizations that do not follow SFAS 117 (ASC 958), check here			
Ē		and complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne	33	Total net assets or fund balances	89,717,657.	33	80,976,974.
	34	Total liabilities and net assets/fund balances	92,149,113.	34	83,589,939.
					000

Form **990** (2018)

Part X Balance Sheet

Form	990	(2018
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Form	1990 (2018) COMMUNITIES IN SCHOOLS	58-	1289174	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				-
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,912	2,82	20.
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,345	5,50	67.
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,432	2,74	47.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	89,717	7,6!	<u>57.</u>
5	Net unrealized gains (losses) on investments	5	-1,307	7,93	36.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	80,976	5,9'	74.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi			
	Act and OMB Circular A-133?		<u>3a</u>	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audi			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			X	

Form **990** (2018)

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Department of the Treasury

Internal Revenue Service

Part I

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11

12

X 7

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the	organization
-------------	--------------

The organization is not a private foundation

ue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection				
he organizatio	on	Employer	identification number				
	COMMUNITIES IN SCHOOLS		8-1289174				
Reason f	or Public Charity Status (All organizations must complete this part.) See instructions	š.					
ization is not a	private foundation because it is: (For lines 1 through 12, check only one box.)						
A church, cor	vention of churches, or association of churches described in section 170(b)(1)(A)(i).						
A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990 EZ).)						
A hospital or	a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
A medical res	earch organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter	the hospital's name,				
city, and state							
An organization	on operated for the benefit of a college or university owned or operated by a governmental u	nit describe	ed in				
section 170(b)(1)(A)(iv). (Complete Part II.)						
A federal, stat	e, or local government or governmental unit described in section 170(b)(1)(A)(v).						
An organizatio	on that normally receives a substantial part of its support from a governmental unit or from th	ne general p	oublic described in				
section 170(b	b)(1)(A)(vi). (Complete Part II.)						
A community	trust described in section 170(b)(1)(A)(vi). (Complete Part II.)						
An agricultura	Il research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a	land-grant	college				
or university o	or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of	the college	or				
university:							
An organizatio	on that normally receives: (1) more than 33 1/3% of its support from contributions, membersl	hip fees, an	d gross receipts from				
activities relat	ed to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of it	s support f	rom gross investment				
income and u	ncome and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.						
See section &	509(a)(2). (Complete Part III.)						
An organizatio	on organized and operated exclusively to test for public safety. See section 509(a)(4).						
An organizatio	on organized and operated exclusively for the benefit of, to perform the functions of, or to ca	rry out the r	purposes of one or				
more publicly	nore publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in						

	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box ir
	lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
а	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving

 organization. You must complete Part IV, Sections A and B.
the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting
I ype I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving

b	Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having
	control or management of the supporting organization vested in the same persons that control or manage the supported
	organization(s). You must complete Part IV, Sections A and C.

с	Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,
	its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III е functionally integrated, or Type III non-functionally integrated supporting organization.

Enter the number of supported organizations f

g Provide the following information	n about the supporte	d organization(s).				
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
		above (see instructions))				
			<u> </u>			
			ļ'			
Total						

Schedule A (Form 990 or 990-EZ) 2018 COMMUNITIES IN SCHOOLS Part II

58-1289174 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	19315126.	13546072.	19795694.	16426514.	23050914.	92134320.
2	Tax revenues levied for the organ-						
_	ization's benefit and either paid to						
	or expended on its behalf						
2	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
		19315126.	13516072	10705601	16426514	23050011	0212/220
	Total. Add lines 1 through 3	19515120.	13340072.	19795094.	10420514.	23030914.	921343200
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						54103154.
6	Public support. Subtract line 5 from line 4.						38031166.
	tion B. Total Support					1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	19315126.	13546072.	19795694.	16426514.	23050914.	92134320.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	766,000.	657,016.	853,039.	1382018.	2302209.	5960282.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	23,342.	235,060.	891.	13,412.	123,396.	
11	Total support. Add lines 7 through 10						98490703.
12	Gross receipts from related activities,	, etc. (see instructio	ons)			12 1	,105,006.
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ix year as a sectioi	n 501(c)(3)	
	organization, check this box and sto	p here					
Sec	tion C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2018 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	38.61 %
15	Public support percentage from 2017	7 Schedule A, Part	II, line 14			15	<u>41.61 %</u>
16a	33 1/3% support test - 2018. If the	organization did no	t check the box o	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
b	33 1/3% support test - 2017. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua	lifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances test	t - 2018. If the org	anization did not o				
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a	oublicly supported	organization	-	
b	10% -facts-and-circumstances test	•	•		•		
	more, and if the organization meets th	-					
	organization meets the "facts-and-cire						
18	Private foundation. If the organization		-	-			s >
	2	,					,

Schedule A (Form 990 or 990-EZ) 2018 COMMUNITIES IN SCHOOLS Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 201	8 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	<u> </u>					
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1	1	1		
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 201	8 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	l					
14	First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) or	ganization,
	check this box and stop here						
Sec	ction C. Computation of Public	c Support Per	rcentage				
15	Public support percentage for 2018 (li	ne 8, column (f), c	livided by line 13,	column (f))		15	%
16	Public support percentage from 2017	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	18 (line 10c, colu	mn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from 2					18	%
	33 1/3% support tests - 2018. If the					 33 1/3%, and	
	more than 33 1/3%, check this box an						
b	33 1/3% support tests - 2017. If the						/3%, and
-	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization						
	J		,	. ,			

1

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Schedule A (Form 990 or 990-EZ) 2018 COMMUNITIES IN SCHOOLS Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
~	organization(s) that operated, supervised, or controlled the supported organization of the supported in in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000			Yes	No
	Mars a maintir of the exercitation's directors or tructure during the tay year also a maintir of the directors		res	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec			Vee	Na
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	-		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2018 COMMUNITIES IN SCHOOLS Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 Add lines 1 through 3 4 5 Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 ection B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 3	(A) Prior Year	(B) Current Year (optional)
3 Other gross income (see instructions) 3 4 Add lines 1 through 3 4 5 Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 ection B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a b Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 3 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 4	(A) Prior Year	
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8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 ection B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 3 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 4	(A) Prior Year	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 ection B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 3 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 4	(A) Prior Year	
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4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 4		
see instructions) 4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5		
6 Multiply line 5 by .035 6		
7 Recoveries of prior-year distributions 7		
8 Minimum Asset Amount (add line 7 to line 6) 8		
ection C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A) 1		
2 Enter 85% of line 1 2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3		
4 Enter greater of line 2 or line 3 4		
5 Income tax imposed in prior year 5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		
emergency temporary reduction (see instructions)		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990 EZ) 2018 COMMUNITIES IN SCHOOLS

	t V Type III Non-Functionally Integrated 509(nizations (continued)	
Sect	ion D - Distributions		· · · ·	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
8				
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
e	Excess from 2018			(Ferring 000 err 000 FZ) 004

Schedule A	(Form 990 or 990-EZ) 2018 COMMUNITIES	IN	SCHOOLS		58-1289174 F	Page 8
Part VI	Supplemental Information. Provide the ex Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9 line 1; Part IV, Section D, lines 2 and 3; Part IV, Sec Section D, lines 5, 6, and 8; and Part V, Section E, (See instructions.)	9a, 9b ction E	o, 9c, 11a, 11b, E, lines 1c, 2a, 2	and 11c; Part IV, Section B, lines 1 2b, 3a, and 3b; Part V, line 1; Part V	and 2; Part IV, Section C , Section B, line 1e; Part), V,

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

58-1289174	
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or the organizatio			
	COMMUNITIES	IN	SCHOOLS

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Name of organization

58-1289174

COMMUNITIES IN SCHOOLS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	, , ,	\$4,900,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$ 4,850,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	, , , , , , , , , , , , , , , , ,	\$3,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$2,504,725.	Type of contribution Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5		\$1,500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6		\$1,059,805.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

58-1289174

COMMUNITIES IN SCHOOLS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7		\$1,037,084.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
<u> </u>	Name, address, and ZIP + 4	Total contributions \$931,674.	Type of contribution Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	, , , , , , , , , , , , , , , , ,	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll O Noncash O (Complete Part II for noncash contributions.)		
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)		
<u>No.</u>	Name, aααress, anα ∠iP + 4	\$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization

Employer identification number

58-1289174

COMMUNITIES IN SCHOOLS

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

			Γ
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a)	a \	(c)	
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Parti			
		—	
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
		(See instructions.)	
Part I			
Part I			

Page 3

Page **4**

Name of o	rganization		Employer identification number
	NITIES IN SCHOOLS		58-1289174
Part III) through (e) and the following line en charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	[
-	Transferee's name, address, au 		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

SCHEDULE C	Political Campaign and Lobbying Activities	OMB No			
(Form 990 or 990-EZ)		20			
Department of the Treasury	Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.	Open			
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Insp			
If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then					

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

• Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

nunne	e of orgai	lization				Emplo	over identification number
			TIES IN SCHOOLS				58-1289174
Par	t I-A	Complete if the org	anization is exempt under	section 501(c) o	r is a section 52	27 org	anization.
2 3	Political o Voluntee	campaign activity expendit r hours for political campai	gn activities				
Par	t I-B	Complete if the org	anization is exempt under				
1	Enter the	amount of any excise tax	incurred by the organization under	section 4955		. 🏲 \$.	
2	Enter the	amount of any excise tax	incurred by organization managers	under section 4955		. 🏲 \$.	
			n 4955 tax, did it file Form 4720 for				
4a	Was a co	prrection made?					Yes No
b	lf "Yes,"	describe in Part IV.					
Par	t I-C	Complete if the org	anization is exempt under	section 501(c), e	except section 5	01(c)	(3).
			by the filing organization for section			. ▶\$	
2	Enter the	amount of the filing organ	ization's funds contributed to othe	organizations for sec	tion 527		
	exempt f	unction activities				▶\$	
3	Total exe	mpt function expenditures	. Add lines 1 and 2. Enter here and	on Form 1120-POL,			
I	line 17b					▶\$	
4	Did the fi	ling organization file Form	1120-POL for this year?				Yes No
5	Enter the	names, addresses and en	ployer identification number (EIN)				
		,	tion listed, enter the amount paid fr				•
		-	omptly and directly delivered to a s	• • •		eparate	segregated fund or a
	political a	action committee (PAC). If	additional space is needed, provide	e information in Part IV	/.		
		(a) Name	(b) Address	(c) EIN	(d) Amount paid f filing organizatio funds. If none, ente	n's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

OMB No. 1545-0047

2018 Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2018 Part II-A Complete if the org	COMMUNITIES	IN SCHOOLS	-501(a)(2) and file	58-1	289174 Page 2
Part II-A Complete if the org section 501(h)).	anization is exer	npt under section	501(C)(3) and file	a Form 5768 (ele	ction under
	tion bolonge to an affi	liated group (and list in	Part IV each affiliated	group mombor's pame	addross EIN
· <u> </u>	e of excess lobbying		Fait IV each anniateu	group member s name	, address, Ein,
		nd "limited control" pro	visions apply		
¥ ¥			noiono appiy.	(a) Filing	(b) Affiliated group
	ts on Lobbying Expe ditures" means amou	nditures nts paid or incurred.)		organization's totals	totals
1a Total lobbying expenditures to influ	uence public opinion (grass roots lobbying)		0.	
b Total lobbying expenditures to influ	uence a legislative boo	ly (direct lobbying)		695,675.	
c Total lobbying expenditures (add li	nes 1a and 1b)			695,675.	
d Other exempt purpose expenditure				33,649,892.	
e Total exempt purpose expenditure	s (add lines 1c and 1d)		34,345,567.	
f Lobbying nontaxable amount. Ente				1,000,000.	
If the amount on line 1e, column (a) o	r (b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000 \$100,00	0 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000 \$225,00	0 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
g Grassroots nontaxable amount (en	ter 25% of line 1f)			250,000.	
h Subtract line 1g from line 1a. If zer	o or less, enter -0-			0.	
i Subtract line 1f from line 1c. If zero	o or less, enter -0			0.	
j If there is an amount other than ze reporting section 4911 tax for this	_	, 6		Г	Yes No
		eraging Period Under		L	
(Some organizations th	nat made a section 5		nave to complete all o	of the five columns be	low.
	Lobbying Expe	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					6,000,000.
c Total lobbying expenditures	566,485.	578,239.	481,294.	695,675.	2,321,693.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount	200,000.	200,000.	200,000	200,000	_,
(150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	337.	12,667.	0.	0.	13,004.

Schedule C (Form 990 or 990-EZ) 2018 COMMUNITIES IN SCHOOLS 58-12891 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k)
of the lobbying activity.	Yes	Νο	Amo	ount
 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? 				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
 j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section	າ 501(c)(5)	, or sec	tion	
501(c)(6).				
			Yes	Νο
1 Were substantially all (90% or more) dues received nondeductible by members?				
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section		3	tion	
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered " answered "Yes."				e 3, is
1 Dues, assessments and similar amounts from members		. 1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
expenses for which the section 527(f) tax was paid).				
a Current year				
b Carryover from last year				
c Total				
		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
expenditure next year?		. 4		
5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information		5		
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990) Department of the Treasury	► Complete if the org: Part IV, line 6, 7, 8, 9, 10	al Financial Statements anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		OMB No. 1545-0047
Internal Revenue Service	Go to www.irs.gov/Form99	90 for instructions and the latest informatio		Inspection
Name of the organizat			Em	ployer identification number
Dort L Organia	COMMUNITIES IN SCHO	d Funds or Other Similar Funds or .	<u> </u>	<u>58-1289174</u>
	•		ACCOU	Its. Complete if the
organizati	on answered "Yes" on Form 990, Part IV, lin	e o. (a) Donor advised funds	(b) Eur	nds and other accounts
		(a) Donor advised funds	(D) Pul	
	nd of year			
	of contributions to (during year)			
	of grants from (during year)			
	at end of year			
0		writing that the assets held in donor advised for		
		exclusive legal control?		Yes No
		dvisors in writing that grant funds can be used		
		r donor advisor, or for any other purpose conf	0	
impermissible pri				
Part II Conser	ATION FASEMENTS Complete if the are	nonization answered "Vec" on Form 000 Dert	N/ 1000 7	,
		ganization answered "Yes" on Form 990, Part	IV, line 7	
Purpose(s) of cor Preservatic Protection	servation easements held by the organization n of land for public use (e.g., recreation or e of natural habitat	on (check all that apply).	ally impo	rtant land area
Purpose(s) of cor Preservation Protection Preservation	servation easements held by the organization n of land for public use (e.g., recreation or e of natural habitat n of open space	on (check all that apply). ducation) Preservation of a historica Preservation of a certified	ally impo I historic	rtant land area structure
 Purpose(s) of cor Preservation Protection Preservation Complete lines 2: 	servation easements held by the organization n of land for public use (e.g., recreation or e of natural habitat n of open space a through 2d if the organization held a qualif	on (check all that apply). ducation) Preservation of a historic	ally impo I historic	rtant land area structure ation easement on the last
 Purpose(s) of cor Preservation Protection Preservation Complete lines 2a day of the tax year 	servation easements held by the organization n of land for public use (e.g., recreation or e of natural habitat n of open space a through 2d if the organization held a qualif ar.	on (check all that apply). ducation) Preservation of a historic: Preservation of a certified ried conservation contribution in the form of a	ally impo I historic conserva	rtant land area structure ation easement on the last
 Purpose(s) of cor Preservation Protection Preservation Preservation Complete lines 2: day of the tax year a Total number of content 	servation easements held by the organization n of land for public use (e.g., recreation or e of natural habitat n of open space a through 2d if the organization held a qualif rr. onservation easements	on (check all that apply). ducation) Preservation of a historica Preservation of a certified ied conservation contribution in the form of a	ally impo I historic conserva	rtant land area structure ation easement on the last
 Purpose(s) of cor Preservation Protection Preservation Preservation Preservation Complete lines 2a day of the tax yea a Total number of condition b Total acreage res 	servation easements held by the organization n of land for public use (e.g., recreation or e of natural habitat n of open space a through 2d if the organization held a qualif rr. onservation easements tricted by conservation easements	on (check all that apply). ducation) Preservation of a historic Preservation of a certified ried conservation contribution in the form of a	ally impo I historic conserva	rtant land area structure
 Purpose(s) of cor Preservation Protection Preservation Preservation Preservation Preservation Preservation Preservation Preservation Protection Protection	servation easements held by the organization n of land for public use (e.g., recreation or e of natural habitat n of open space a through 2d if the organization held a qualif ar. onservation easements tricted by conservation easements rvation easements on a certified historic stru	on (check all that apply). ducation) Preservation of a historica Preservation of a certified ied conservation contribution in the form of a ucture included in (a)	ally impo I historic conserva	rtant land area structure ation easement on the last
 Purpose(s) of cor Preservation Protection Protection Preservation Complete lines 2a day of the tax yea a Total number of conse b Total acreage ress c Number of conse d Number of conse 	servation easements held by the organization n of land for public use (e.g., recreation or e of natural habitat n of open space a through 2d if the organization held a qualif ar. onservation easements tricted by conservation easements rvation easements on a certified historic stru rvation easements included in (c) acquired a	on (check all that apply). ducation) Preservation of a historica Preservation of a certified ied conservation contribution in the form of a ucture included in (a) after 7/25/06, and not on a historic structure	ally impo I historic conserva 2a 2b 2c	rtant land area structure ation easement on the last
 Purpose(s) of cor Preservation Protection Protection Preservation Complete lines 2a day of the tax yea Total number of conse Number of conse Number of conse listed in the Nation 	servation easements held by the organization n of land for public use (e.g., recreation or e of natural habitat n of open space a through 2d if the organization held a qualif ar. onservation easements tricted by conservation easements	on (check all that apply). ducation) Preservation of a historica Preservation of a certified ied conservation contribution in the form of a ucture included in (a) after 7/25/06, and not on a historic structure	ally impo I historic conserva 2a 2b 2c 2d	rtant land area structure ation easement on the last Held at the End of the Tax Year
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 Purpose(s) of cor Preservation Protection Protection Preservation Complete lines 2a day of the tax yea a Total number of conse b Total acreage ress c Number of conse d Number of conse listed in the Nation 3 Number of conse 	servation easements held by the organization of land for public use (e.g., recreation or e of natural habitat n of open space a through 2d if the organization held a qualif tr. onservation easements tricted by conservation easements included in (c) acquired a nal Register	on (check all that apply). ducation) Preservation of a historica Preservation of a certified ried conservation contribution in the form of a ucture included in (a) after 7/25/06, and not on a historic structure eased, extinguished, or terminated by the org	ally impo I historic conserva 2a 2b 2c 2d	rtant land area structure ation easement on the last Held at the End of the Tax Year
 Purpose(s) of cor Preservation Protection Protection Preservation Preservation Complete lines 2a day of the tax yea a Total number of conse b Total acreage ress c Number of conse listed in the Nation Number of conse year ▶ 4 Number of states 	servation easements held by the organization of land for public use (e.g., recreation or e of natural habitat n of open space a through 2d if the organization held a qualif ar. onservation easements tricted by conservation easements rvation easements on a certified historic stru- rvation easements included in (c) acquired a nal Register rvation easements modified, transferred, rel-	on (check all that apply). ducation) Preservation of a historica Preservation of a certified ied conservation contribution in the form of a ucture included in (a) after 7/25/06, and not on a historic structure eased, extinguished, or terminated by the org sement is located	ally impo I historic conserva 2a 2b 2c 2d	rtant land area structure ation easement on the last Held at the End of the Tax Year
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 Purpose(s) of cor Preservation Protection Protection Preservation Protection Preservation Complete lines 2a day of the tax year a Total number of conservation b Total acreage resists c Number of conservation d Number of conservation a Number of conservation b Number of states 5 Does the organize violations, and error 	servation easements held by the organization n of land for public use (e.g., recreation or e of natural habitat n of open space a through 2d if the organization held a qualif ar. onservation easements tricted by conservation easements rvation easements on a certified historic stru- rvation easements included in (c) acquired a nal Register rvation easements modified, transferred, rele- where property subject to conservation ease ation have a written policy regarding the per forcement of the conservation easements it	on (check all that apply). ducation) Preservation of a historica Preservation of a certified ied conservation contribution in the form of a ucture included in (a) after 7/25/06, and not on a historic structure eased, extinguished, or terminated by the org sement is located iodic monitoring, inspection, handling of	ally impo I historic conserva 2a 2b 2c 2c 2d anization	rtant land area structure ation easement on the last Held at the End of the Tax Year during the tax
 Purpose(s) of cor Preservation Protection Protection Preservation Protection Preservation Complete lines 2: day of the tax yea a Total number of conservation b Total acreage resists c Number of conservation d Number of conservation a Number of conservation b Number of conservation c Number of conservation c Number of conservation d Number of conservation a Number of conservation c Number of conservation a Number of states b Does the organizing violations, and er c Staff and volunte 	servation easements held by the organization n of land for public use (e.g., recreation or e of natural habitat n of open space a through 2d if the organization held a qualif ar. onservation easements tricted by conservation easements it extra the policy regarding the per forcement of the conservation easements it er hours devoted to monitoring, inspecting,	on (check all that apply). ducation) Preservation of a historica Preservation of a certified ied conservation contribution in the form of a ucture included in (a) after 7/25/06, and not on a historic structure eased, extinguished, or terminated by the org sement is located iodic monitoring, inspection, handling of holds? handling of violations, and enforcing conserva	ally impo I historic conserva 2a 2b 2c 2d anization	rtant land area structure ation easement on the last Held at the End of the Tax Year during the tax Understand the tax Mo ements during the year
 Purpose(s) of cor Preservation Protection Protection Preservation Protection Total acreage resting Total acreage resting Total acreage resting Number of conset listed in the Nation Number of conset listed in the Nation Number of conset year Number of states Does the organizing violations, and er Staff and volunte 	servation easements held by the organization n of land for public use (e.g., recreation or e of natural habitat n of open space a through 2d if the organization held a qualif ar. onservation easements tricted by conservation easements it extra the policy regarding the per forcement of the conservation easements it er hours devoted to monitoring, inspecting,	on (check all that apply). ducation) Preservation of a historica Preservation of a certified ied conservation contribution in the form of a ucture included in (a) after 7/25/06, and not on a historic structure eased, extinguished, or terminated by the org sement is located iodic monitoring, inspection, handling of holds?	ally impo I historic conserva 2a 2b 2c 2d anization	rtant land area structure ation easement on the last Held at the End of the Tax Year during the tax Understand the tax Modements during the year

	and section 170(h)(4)(B)(ii)?
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for
	conservation easements.

	001100	
Par	t III	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 8.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.
h	If the according elected, as permitted under SEAS 116 (ASC 059) to report in its revenue statement and belance short works of art, historical

		ance sheet works of art, historical
treasures, or othe	similar assets held for public exhibition, education, or research in furtherance of public servi	ice, provide the following amounts
relating to these i	ems:	
(i) Revenue inclu	ded on Form 990, Part VIII, line 1	▶ \$

	(ii) Assets included in Form 990, Part X	•	\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, prov	vid	de
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2018

832051 10-29-18

		TIES IN SCH					58-12			age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or	Othe	r Simila	ar Assets	s _{(contin}	ued)	
3	Using the organization's acquisition, accessi	on, and other records	, check any of the f	ollowing that	are a si	gnificant	use of its o	collection	items	
	(check all that apply):									
а	Public exhibition	d	Loan or exc	hange progra	ams					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further th	e organizatio	n's exer	mpt purp	ose in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or othe	r similar	assets				
	to be sold to raise funds rather than to be ma	aintained as part of th	e organization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran							line 9, or		
	reported an amount on Form 990, Pa		-							
1a	Is the organization an agent, trustee, custodi	an or other intermedia	ary for contributions	s or other ass	ets not	included				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
		·	C C					Amount		
с	Beginning balance					1c				
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fe					lity?		Yes		No
	If "Yes," explain the arrangement in Part XIII.							_		j
Par		if the organization and	wered "Yes" on Fo	rm 990, Part	IV, line ⁻	10.				
		(a) Current year	(b) Prior year	(c) Two year			years back	(e) Four	years	back
1a	Beginning of year balance	34,509,610.	34,176,494.	31,969			327,697.		121,	
	Contributions									
	Net investment earnings, gains, and losses	615,840.	1,633,038.	3,492	2,439.	1,	897,907.	-	673,	000.
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs	4,342,537.	1,299,922.	1,285	5,581.	1,	255,968.	1,	120,	509.
f	Administrative expenses									
g	End of year balance	30,782,913.	34,509,610.	34,176	5,494.	31,	969,636.	31,	327,	697.
2	Provide the estimated percentage of the curr	rent year end balance	(line 1g, column (a)) held as:				•		
а	Board designated or quasi-endowment	,	%	,						
	Permanent endowment 100.00	%	_							
	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	-	ion that are held ar	nd administer	ed for th	ne organi	zation			
	by:	5				5		ſ	Yes	No
	(i) unrelated organizations							3a(i)		Х
	(ii) related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990.	, Part X,	line 10.				
	Description of property	(a) Cost or ot		or other		ccumula	ted	(d) Bool	k valu	e
	· -···································	basis (investm	• • •	(other)	• •	preciatio		() = = 0		
1a	Land		1							
	Buildings									
	Leasehold improvements			1,029.		134,4		366	5,6	15.
	Equipment			5,474.		301,8				75.
	Other									
	Add lines 1a through 1e. (Column (d) must e		. column (B). line 1				🕨	1,120),1	90.
-		······································		÷			<u> </u>			

Schedule D (Form 990) 2018

	(Form 990) 2018	COMMUNITIES Other Securities.	ТИ	201100112
Part VII	investments -	Other Securities.		

Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11b. See Form 990. Part X.	line 12.
(a) Description of security or category (including name of security)	(b) Book value		n: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) PRIVATE EQUITY	4,740,015.	END-OF-YEAR	MARKET VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨	4,740,015.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X,	line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X,	line 15.
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	<u>15.)</u>		►
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, I	Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) DEFERRED RENT		686,190.	
(3) DUE TO LOCAL AFFILIATES		432,745.	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)		1,118,935.	

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Sche	dule D (Form 990) 2018 COMMUNITIES IN SCHOOLS			58-	1289174 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemen	its Wi	th Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	53,819,542.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-1,307,936.		
b	Donated services and use of facilities	2b	28,290,791.	_	
с	Recoveries of prior year grants	2c		_	
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	26,982,855.
3	Subtract line 2e from line 1			3	26,836,687.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	76,314.	_	
b	Other (Describe in Part XIII.)	4b	-181.		
с	Add lines 4a and 4b			4c	76,133.
5	Total revenue Add lines 3 and 10 (This must small Fame 000, Build line 10)			5	26,912,820.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				20,712,020.
	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts W	ith Expenses per I		n.
	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	nts W	ith Expenses per I	Retur	n.
	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts W	ith Expenses per I		62,560,225.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nts W	ith Expenses per I	Retur	n.
Pa 1	TXII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nts W	ith Expenses per I	Retur	n.
Pa 1 2	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	nts W	ith Expenses per I	Retur	n.
Pa 1 2	TXII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nts W 2a 2b 2c	ith Expenses per I		n.
Pa 1 2 a b c d	TXII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	nts W 2a 2b 2c 2d	ith Expenses per I 28,290,791. 181.	Retur	n. 62,560,225.
Pa 1 2 a b c d	TXII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	ith Expenses per I 28,290,791. 181.	Retur	n. 62,560,225. 28,290,972.
Pa 1 2 a b c d	TXII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	ith Expenses per I 28,290,791. 181.	Retur	n. 62,560,225.
Pa 1 2 a b c d e	TXII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	ith Expenses per I	Retur	n. 62,560,225. 28,290,972.
Pa 1 2 b c d 3	TXII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	ith Expenses per I 28,290,791. 181.	Retur	n. 62,560,225. 28,290,972.
Pa 1 2 a b c d e 3 4 a	T XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	ith Expenses per I	Retur	n. 62,560,225. 28,290,972. 34,269,253.
Pa 1 2 a b c d e 3 4 a	TXII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 4a 4b	ith Expenses per I 28,290,791. 181. 76,314.	1 2e 3 4c	n. 62,560,225. 28,290,972. 34,269,253. 76,314.
Pa 1 2 a b c d a b c 3 4 b c 5	TXII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	ith Expenses per I 28,290,791. 181. 76,314.	Retur	n. 62,560,225. 28,290,972. 34,269,253.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

ALL ENDOWMENT EARNINGS, BANK FEES, AND CHANGES IN VALUE ARE TREATED AS

TEMPORARILY RESTRICTED NET ASSETS UNTIL THOSE AMOUNTS ARE APPROPRIATED FOR

EXPENDITURE BY THE ORGANIZATION IN A MANNER CONSISTENT WITH THEIR POLICY.

PART X, LINE 2:

MANAGEMENT HAS CONCLUDED THAT CIS HAS PROPERLY MAINTAINED ITS EXEMPT

STATUS. IN ACCORDANCE WITH GAAP, CIS HAS CONCLUDED THAT THERE ARE NO

UNCERTAIN TAX POSITIONS AND HAS FURTHER CONCLUDED THAT REVENUE WITHIN THE

STATEMENT OF ACTIVITIES HAS BEEN PROPERLY CLASSIFIED AS EXEMPT FOR THE

YEAR ENDED SEPTEMBER 30, 2019.

Schedule D (Form 990) 2018 COMMUNITIES IN SCHOOLS	58-1289174 Page 5
Schedule D (Form 990) 2018 COMMUNITIES IN SCHOOLS Part XIII Supplemental Information (continued) (continued) (continued)	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
LOSS ON SALES OF FIXED ASSETS	-181.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FART XII, HINE 2D - OTHER ADOUSTMENTS.	
LOSS ON SALES OF FIXED ASSETS	181.

	ment of the Treasury I Revenue Service							
	e of the organizati	ion		J. J			Employer ic	Ientification number
CON	MUNITIES	TN	SCHOOLS				58-128	9174
Pa				ctivities Out	side the United States. Comple	ete if the organ	ization answer	red "Yes" on
	Form 990), Part IV	/, line 14b.					
1	-		-		ds to substantiate the amount of its gra			Yes No
	the grantees en	gibility it	or the grants or a	assistance, and i	he selection criteria used to award the	grants or assis	stance?	
2	For grantmaker United States.	r s. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance	outside the
3		gion. (Tł			n be duplicated if additional space is n			
	(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d gram service, specific type (s) in the regio	expenditures for and investments
	RAL AMERICA A	ND	0	0	EQUITY INVESTMENTS			4,009,000.
	Subtotal		0	0				4,009,000.
b	Total from contir sheets to Part I		0	0				0.
с	Totals (add lines and 3b)		0	0				4,009,000.

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2018

OMB No. 1545-0047

2018

SCHEDULE F (Form 990) COMMUNITIES IN SCHOOLS

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt								
by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter								

Schedule F (Form 990) 2018

COMMUNITIES IN SCHOOLS

58-1289174

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2018

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)</i>	X Yes	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	X Yes	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2018

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

SCHEDULE I (Form 990)		arants and Oth vernments, ar					OMB No. 1545-0047		
		ete if the organizatio					2018		
Department of the Treasury Attach to Form 990.									
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.									
Name of the organization COMMUNITI	ES IN SCHO	OOLS					Employer identification number $58 - 1289174$		
Part I General Information on Grants a									
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	 on		
criteria used to award the grants or assis	tance?	-			-		X Yes No		
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.					
Part II Grants and Other Assistance to I	Domestic Organiz	ations and Domestic	Governments. C	complete if the org	anization answered "Y	′es" on Form 990, Part	IV, line 21, for any		
recipient that received more than \$	5,000. Part II can	be duplicated if additi	onal space is need	ed.		-			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
UNITED WAY OF GREATER LEHIGH							IMPLEMENTING A STUDENT		
VALLEY - 1110 AMERICAN PKWY., NE,							CENTERED LEARNING MODEL		
NO. F-120 - ALLENTOWN, PA 18109	23-2657933	501(C)(3)	424,960.	0.			IN LOCAL SCHOOLS		
NO. 1 120 ADDENIOWN, 1A 10105	23 2037533	501(0/(5/	424,500.	0.					
LEARN TO EARN DAYTON							IMPLEMENTING A STUDENT		
4801 SPRINGFIELD ST.							CENTERED LEARNING MODEL		
DAYTON, OH 45431	81-0823777	501(C)(3)	375,641.	0.			IN LOCAL SCHOOLS		
,									
THRIVE CHICAGO							IMPLEMENTING A STUDENT		
211 W. WACKER DR.							CENTERED LEARNING MODEL		
CHICAGO, IL 60606	47-2478889	501(C)(3)	344,731.	0.			IN LOCAL SCHOOLS		
· · · ·			,						
STRIVETOGETHER, INC.							CO-IMPLEMENTATION FOR CZI		
125 E. 9TH ST., 2ND FLOOR							TOGETHER FOR STUDENTS		
CINCINNATI, OH 45202	81-3380647	501(C)(3)	144,154.	0.			PROJECT		
THE INSTITUTE FOR EDUCATIONAL									
LEADERSHIP - 4301 CONNECTICUT							CO-IMPLEMENTATION FOR CZI		
AVE., NW, SUITE 100 - WASHINGTON,							TOGETHER FOR STUDENTS		
DC 20008	52-1198450	501(C)(3)	138,889.	0.			PROJECT		
							CREATE RESOURCES TO		
SEARCH INSTITUTE							IMPROVE RELATIONSHIPS		
615 FIRST AVE., NE, NO. 125							BETWEEN CIS SITE		
MINNEAPOLIS, MN 55413	41-0811842	501(C)(3)	77,877.	0.			COORDINATORS & STUDENTS		
2 Enter total number of section 501(c)(3) ar	nd government org	anizations listed in th	e line 1 table				▶ <u>13.</u>		
3 Enter total number of other organizations	s listed in the line 1	table							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

COMMUNITIES IN SCHOOLS

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EXAS EDUCATION AGENCY							
701 N. CONGRESS AVE.							DIRECTOR OF STATE
AUSTIN, TX 78701	74-6003079	115(A)	56,000.	0.			PROGRAMS
C PUBLIC EDUCATION FUND							IMPLEMENTING A STUDENT
407 14TH ST., NW							CENTERED LEARNING MODEL
ASHINGTON, DC 20010	26-1607955	501(C)(3)	18,865.	0.			IN LOCAL SCHOOLS
INITED WAY OF CENTRAL ALABAMA							IMPLEMENTING A STUDENT
PO BOX 320189							CENTERED LEARNING MODEL
BIRMINGHAM, AL 35232	63-0288846	501(C)(3)	18,865.	0.			IN LOCAL SCHOOLS
INITED WAY OF GREATER MILWAUKEE							IMPLEMENTING A STUDENT
225 W. VINE ST.							CENTERED LEARNING MODEL
IILWAUKEE, WI 53212	39-0806190	501(C)(3)	18,865.	0.			IN LOCAL SCHOOLS
VANCOUVER PUBLIC SCHOOLS							IMPLEMENTING A STUDENT
2901 FALK RD.							CENTERED LEARNING MODEL
	01 6001540	115()	10.005				
VANCOUVER, WA 98661	91-6001540	115(A)	18,865.	0.			IN LOCAL SCHOOLS
THE FOUNDATION FCOE INC.							IMPLEMENTING A STUDENT
.111 VAN NESS AVE.							CENTERED LEARNING MODEL
RESNO, CA 93704	80-0381096	501(C)(3)	13,516.	0.			IN LOCAL SCHOOLS
METRO NASHVILLE PUBLIC SCHOOLS							IMPLEMENTING A STUDENT
2601 BRANSFORD AVE.							CENTERED LEARNING MODEL
	62-0717138	115())	11 000	0.			
ASHVILLE, TN 37204	62-0717138	115(A)	11,000.	0.			IN LOCAL SCHOOLS

Schedule I (Form 990)

Schedule I (Form 990) (2018)

COMMUNITIES IN SCHOOLS

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

PROGRAM MANAGERS WORK DIRECTLY WITH GRANTEES RECEIVING GRANT FUNDS. BOTH

INTERIM AND FINAL REPORTS ARE REQUIRED FROM ALL GRANTEES. GRANT REPORTS ARE

REVIEWED BY BOTH THE GRANT MANAGER AND GRANTS ADMINISTRATION MANAGER.

SCHED	ULE J Compensation Information		OMB No. 1	545-0047		
(Form 9			20	10		
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	10		
Department o	the Treasury Attach to Form 990.		Open to			
Internal Rever			Inspec			
Name of t	ne organization		identificatio			
Part I	COMMUNITIES IN SCHOOLS Questions Regarding Compensation	50	1289174	Ł		
i aiti				Yes No		
1a Cher	k the appropriate box(es) if the organization provided any of the following to or for a person listed on Forr	m 990		Tes NO		
	/II, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	11 3 3 0,				
	First-class or charter travel Housing allowance or residence for pers	sonaluse				
	Travel for companions Payments for business use of personal					
	Tax indemnification and gross-up payments Health or social club dues or initiation fe					
	Discretionary spending account Personal services (such as maid, chauff					
b If any	of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
	pursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b			
	ne organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	ees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3 Indic	ate which, if any, of the following the filing organization used to establish the compensation of the organiz	zation's				
	Executive Director. Check all that apply. Do not check any boxes for methods used by a related organiza					
	establish compensation of the CEO/Executive Director, but explain in Part III.					
	Compensation committee Written employment contract					
	Independent compensation consultant X Compensation survey or study					
	Form 990 of other organizations X Approval by the board or compensation	committee				
		0011111111000				
4 Durin	g the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	nization or a related organization:					
-	ive a severance payment or change-of-control payment?		4a	X		
	cipate in, or receive payment from, a supplemental nonqualified retirement plan?			x		
	cipate in, or receive payment from, an equity-based compensation arrangement?			X		
	es" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
Only	section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
-	ersons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat	ion				
	ngent on the revenues of:					
	rganization?		5a	x		
	elated organization?			X		
	es" on line 5a or 5b, describe in Part III.					
	ersons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat	ion				
	ngent on the net earnings of:					
	rganization?		6a	X		
	elated organization?			X		
	es" on line 6a or 6b, describe in Part III.					
	ersons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed paymen	ts				
	escribed on lines 5 and 6? If "Yes," describe in Part III		7	x		
	any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to					
		uie	8	x		
	es" on line 8, did the organization also follow the rebuttable presumption procedure described in					
	lations section 53.4958-6(c)?		9			
negu	Paperwork Reduction Act Notice, see the Instructions for Form 990.		dule J (Form			

58-1289174

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title	•	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(D)(i) ⁻ (D)	reported as deferred on prior Form 990
(1) DALE A. ERQUIAGA	(i)	368,241.	0.	258.	34,500.	10,246.	413,245.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STEVEN D. MCCULLOUGH	(i)	233,677.	0.	138.	34,500.	27,400.	295,715.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GARY M. CHAPMAN	(i)	185,530.	0.	60.	12,550.	22,762.	220,902.	0.
VP, BUSINESS DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) HEATHER J. CLAWSON	(i)	179,760.	0.	90.	11,419.	28,104.	219,373.	0.
CHIEF, PROGRAM & INNOVATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) STACY TSAKERIS	(i)	159,212.	0.	1,067.	0.	14,073.	174,352.	0.
VP, TECHNOLOGY	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) TIFFANY D. MILLER	(i)	144,159.	7,000.	60.	9,357.	11,642.	172,218.	0.
CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KATHLEEN A. LALLY	(i)	138,787.	8,250.	138.	10,425.	26,303.	183,903.	0.
VP GROWTH & IMPACT (UNTIL 05/2019)	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DAWN A. GODAIRE	(i)	143,053.	0.	1,416.	7,530.	29,023.	181,022.	0.
VP HR	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) TIMOTHY J. PLANT	(i)	133,126.	0.	60.	9,387.	20,243.	162,816.	0.
VP ADVANCEMENT (UNTIL 12/2019)	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) STEPHEN T. MAJORS	(i)	127,108.	0.	1,464.	8,673.	20,838.	158,083.	0.
VP COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4B:

THE FOLLOWING INDIVIDUALS RECEIVED DEFERRED COMPENSATION RELATED TO A

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN:

DALE ERQUIAGA - \$18,000

STEVEN MCCULLOUGH - \$18,000

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2018
Open to Public Inspection

Employer identification number

							174	
Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	8	523,202.	FAIR MARKET	VAI	LUE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other ► ()							
29	Number of Forms 8283 received by the organiz	-						
	for which the organization completed Form 828	83, Part IV, [Donee Acknowledg	jement 29				
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	ed for			
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	-	-	•	ions?	31	X	
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	r for which column (a) is chec	ked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS LISTING THE NUMBER OF CONTRIBUTIONS RECEIVED.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2018 Open to Public Inspection Employer identification number

58-1289174

OMB No. 1545-0047

COMMUNITIES IN SCHOOLS

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SURROUND STUDENTS WITH A COMMUNITY OF SUPPORT AND EMPOWER THEM TO STAY

IN SCHOOL AND ACHIEVE IN LIFE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ADVOCACY & THOUGHT LEADERSHIP

EXPENSES \$ 1,471,146. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

EACH MEMBER OF THE GOVERNING BODY AND MANAGEMENT TEAM WILL BE GIVEN A COPY

OF THE FORM 990 FOR REVIEW BEFORE IT WILL BE FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION CONSTANTLY EVALUATES AND ENFORCES THE COMPLIANCE BY ALL OF ITS MEMBERS WITH THE CONFLICT OF INTEREST POLICY WITH A WRITTEN CONFLICT OF INTEREST QUESTIONNAIRE. IF A CONFLICT WERE TO ARISE, THE MEMBER IN QUESTION WOULD RECUSE HIM/HERSELF FROM ALL BOARD BUSINESS REGARDING THE CONFLICT AND THE ORGANIZATION WOULD DOCUMENT THE CONFLICT IN THEIR ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE AND ALL MINUTES REGARDING THE ISSUE IN QUESTION.

FORM 990, PART VI, SECTION B, LINE 15A:

A TASKFORCE, REPRESENTING MEMBERS OF THE EXECUTIVE COMMITTEE, ENGAGED A THIRD PARTY TO CONDUCT A MARKET ANALYSIS OF COMPENSATION FOR THE PRESIDENT. THE DATA FROM THAT ANALYSIS WAS REVIEWED BY THE TASKFORCE AND HELPED DETERMINE COMPENSATION OF THE PRESIDENT. THE COMPENSATION OF THE PRESIDENT WAS APPROVED BY THE BOARD OF DIRECTORS IN JANUARY 2019. Name of the organization

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MN, MS, NC, ND, NH, NJ, NM, NY, OH

OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.